

## Cordt Kassner

---

**From:** Hospice & Palliative Care Today Newsletter  
<subscriptions@hospicepalliativecaretoday.com>  
**Sent:** Saturday, January 20, 2024 4:00 AM  
**To:** Cordt Kassner  
**Subject:** Your Hospice & Palliative Care Today Newsletter for 01/20/24

### OUR SPONSORS

[Teleios Collaborative Network](#)  
[Community Health Accreditation Partner](#)  
[Hospice Analytics](#)



## January 20th, 2024

### Contents

1. [Saturday Newsletters](#)
2. [Processes and lessons learned in establishing the Palliative Care Research Cooperative's Qualitative Data Repository in Serious Illness and Palliative Care](#)
3. [Default palliative care consultation for seriously ill hospitalized patients: A pragmatic cluster randomized trial](#)
4. [Nurse and social worker palliative telecare team and quality of life in patients with COPD, heart failure, or interstitial lung disease: The ADAPT randomized clinical trial](#)
5. [Mobile application-based communication facilitation platform for family members of critically ill patients: A randomized clinical trial](#)
6. [Medical marijuana for pain management in hospice care as a complementary approach to scheduled opioids: A single arm study](#)
7. [Improving the value of serious illness care](#)
8. [Live discharge of hospice patients with Alzheimer's Disease and related dementias: A systematic review](#)
9. [Journal of Aid-in-Dying Medicine](#)

## Research News

### Saturday Newsletters

*Research literature is the focus of Saturday newsletters - enjoy!*

### **Processes and lessons learned in establishing the Palliative Care Research Cooperative's Qualitative Data Repository in Serious Illness and Palliative Care**

*OSF Preprints, by Salimah H. Meghani, Kim Mooney-Doyle, Amber Barnato, Kathryn Colborn, Riley Gillette, Krista Harrison, Pam Hinds, Dessi Kirilova, Kathleen Knafel, Dena Schulman-Green, Kathryn Pollak, Christine S. Ritchie, Jean Kutner, and Sebastian Karcher; 12/23*

Data sharing is increasingly an expectation in health research since implementation of the National Institutes of Health Data Management and Sharing Policy. Qualitative studies are not exempt from this data sharing requirement. Recognizing this trend, the [Palliative Care Research Cooperative Group \(PCRC\)](#) realized the value of creating a de-identified qualitative data repository to complement its existing de-identified quantitative data repository.

### **Default palliative care consultation for seriously ill hospitalized patients: A pragmatic cluster randomized trial**

*JAMA Network, by Katherine R. Courtright, MD, MS; Vanessa Madden, BSc; Brian Bayes, MS, MBMI; Marzana Chowdhury, PhD; Casey Whitman, MS; Dylan S. Small, PhD; Michael O. Harhay, PhD; Suzanne Parra, RN; Elizabeth Cooney-Zingman, MPH; Mary Ersek, RN, PhD; Gabriel J. Escobar, MD; Sarah H. Hill, PhD; Scott D. Halpern, MD, PhD; 1/16/24*

Does ordering palliative care by default (allowing opt-out) increase consultation and improve clinical outcomes? Default palliative care consult orders did not reduce length of stay for older inpatients with advanced chronic illnesses, but improved the rate and timing of consultation and some end-of-life care processes.

*Publisher note: JAMA Network published two palliative care clinical trials in this issue (1: Default palliative care consultation for seriously ill hospitalized patients: A pragmatic cluster randomized trial, and 2: Nurse and social worker palliative telecare team and quality of life in patients with COPD, heart failure, or interstitial lung*

disease: *The ADAPT randomized clinical trial*). There is also an editorial on both of these articles: [A tale of 2 palliative care trials: Developing sustainable and transferable models](#) by Ashwin A. Kotwal, MD, MS; Lauren J. Hunt, RN, PhD; Alexander K. Smith, MD, MS, MPH, and an audio interview with Alexander K. Smith, MD, MS, MPH, [Patient-centered palliative care](#).



*Sponsor of Hospice & Palliative Care Today*

## **Nurse and social worker palliative telecare team and quality of life in patients with COPD, heart failure, or interstitial lung disease: The ADAPT randomized clinical trial**

*JAMA Network*, by David B. Bekelman, MD, MPH; William Feser, MS; Brianne Morgan, BSN; Carolyn H. Welsh, MD; Elizabeth C. Parsons, MD; Grady Paden, MD; Anna Baron, PhD; Brack Hattler, MD; Connor McBryde, MD; Andrew Cheng, MD; Allison V. Lange, MD; David H. Au, MD, MS; 1/16/24

Can a nurse and social worker palliative telecare team improve quality of life in outpatients with chronic obstructive pulmonary disease (COPD), heart failure (HF), and interstitial lung disease (ILD)? For adults with COPD, HF, or ILD at high risk of hospitalization and death and poor quality of life, a nurse and social worker palliative telecare team demonstrated clinically meaningful improvements in quality of life at 6 months.

*Publisher note: JAMA Network published two palliative care clinical trials in this issue (1: Default palliative care consultation for seriously ill hospitalized patients: A pragmatic cluster randomized trial, and 2: Nurse and social worker palliative telecare team and quality of life in patients with COPD, heart failure, or interstitial lung disease: The ADAPT randomized clinical trial). There is also an editorial on both of these articles: [A tale of 2 palliative care trials: Developing sustainable and transferable models](#) by Ashwin A. Kotwal, MD, MS; Lauren J. Hunt, RN, PhD; Alexander K. Smith, MD, MS, MPH, and an audio interview with Alexander K. Smith, MD, MS, MPH, [Patient-centered palliative care](#).*

## **Mobile application–based communication facilitation platform for family members of critically ill patients: A randomized clinical trial**

*JAMA Network*, by Christopher E. Cox, MD, MPH; Deepshikha C. Ashana, MD, MBA, MS; Isaretta L. Riley, MD, MPH; Maren K. Olsen, PhD; David Casarett, MD; Krista L. Haines, DO; Yasmin Ali O'Keefe, MD; Mashael Al-Hegelan, MD, MBA; Robert W. Harrison, MD; Colleen Naglee, MD; Jason N. Katz, MD, MHS; Hongqiu Yang, PhD; Elias H. Pratt, MD; Jessie Gu, MD; Katelyn Dempsey, MPH; Sharron L. Docherty, RN, PNP, PhD; Kimberly S. Johnson, MD; 1/24

Can a mobile application–based primary palliative care intervention targeting intensive care unit (ICU) physicians and family members improve unmet palliative care needs overall, and are there different outcomes by race? Findings suggest that a mobile application is a promising primary palliative care intervention for ICU clinicians that directly addresses the limited supply of palliative care specialists.

## **Medical marijuana for pain management in hospice care as a complementary approach to scheduled opioids: A single arm study**

*Am J Hosp Palliat Care*, by Theodore Zanker, Joseph Sacco, James Prota, Michelle Palma, Kyoung A Viola Lee, Ruixiao Rachel Wang, Yixuan Liang, James Cunningham, Mona Mackary, Polina Ovchinnikova; 12/23

Combination medical cannabis/opioid therapy showed statistically significant pain relief and may have the potential for reducing opioid dose and mitigating opioid toxicity, offering a safe pain management alternative to opioids alone for patients in end-of-life care settings, and warrants further investigation in larger controlled trials.



**Accelerate Impact**  
**Accelerate Influence**  
**Accelerate Innovation**

*Sponsor of Hospice & Palliative Care Today*

## **Improving the value of serious illness care**

*Innov Aging*, by Brystana Kaufman; 12/23

My Health and Aging Policy Fellowship placement with CMMI provides an

opportunity to learn about the current policies impacting palliative care payment and process for developing new models. Palliative and hospice care has been one of the fastest growing health services in the U.S. and the VA over the past decade. Although Medicare's hospice benefit requires a 6-months life expectancy, palliative care may be appropriate for seriously ill individuals depending on their clinical and psychosocial needs...

### **Live discharge of hospice patients with Alzheimer's Disease and related dementias: A systematic review**

*Am J Hosp Palliat Care*, by Stephanie P Wladkowski, Cara L Wallace, Kathryn Coccia, Rebecca C Hyde, Leslie Hinyard, Karla T Washington; 2/24

Hospice is intended to promote the comfort and quality of life of dying patients and their families. When patients are discharged from hospice prior to death (ie, experience a "live discharge"), care continuity is disrupted. This systematic review summarizes the growing body of evidence on live discharge among hospice patients with Alzheimer's Disease and related dementias (ADRD), a clinical subpopulation that disproportionately experiences this often burdensome care transition.

### **Journal of Aid-in-Dying Medicine**

American Clinicians Academy on Medical Aid in Dying has begun a new journal; 12/23.

The Journal of Aid-in-Dying Medicine is an independent, peer-reviewed journal focused on the clinical aspects of aid-in-dying care in the United States. Articles published in the Journal cover a wide range - from academically-detailed investigations to editorials and review articles, from poetry to photography/art. Authors will include clinicians ranging from doctors to doulas, pharmacists to chaplains, nurses to trained end-of-life volunteers.



*Sponsor of Hospice & Palliative Care Today*

## Today's Encouragement

**Live as if you were to die tomorrow. Learn as if you were to live forever.  
~Mahatma Gandhi**

***Sign up for our free daily newsletters [here!](#)***

**NOTE:** *Some links may take readers to articles that either require registration or are behind a paywall.*

**UNSUBSCRIBE NOTICE:** *Hospice & Palliative Care Today is a free subscription email. If you believe you have received this email in error, or if you no longer wish to receive Hospice & Palliative Care Today, please unsubscribe [here](#) or reply to this email with the message "Unsubscribe". Thank you.*